

OLCHS Insurance: Medical, Dental, & Vision

September 1, 2021 - August 31, 2022; Monthly Premiums

PPO Medical*	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	9,555.72	8,217.92	1,337.80	796.31	684.83	111.48
EE + Spouse	18,480.36	14,045.07	4,435.29	1,540.03	1,170.42	369.61
EE + Child(ren)	17,734.56	13,478.27	4,256.29	1,477.88	1,123.19	354.69
Family	27,438.24	20,853.06	6,585.18	2,286.52	1,737.76	548.76
EE Medicare	7,407.36	6,370.33	1,037.03	617.28	530.86	86.42
Family	14,815.08	11,259.46	3,555.62	1,234.59	938.29	296.30
EE Med/Spouse Reg	16,963.08	12,891.94	4,071.14	1,413.59	1,074.33	339.26

HMO Medical	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	8,026.92	6,903.15	1,123.77	668.91	575.26	93.65
EE + Spouse	15,523.56	11,797.91	3,725.65	1,293.63	983.16	310.47
EE + Child(ren)	14,897.04	11,321.75	3,575.29	1,241.42	943.48	297.94
Family	23,048.16	17,516.60	5,531.56	1,920.68	1,459.72	460.96
EE Medicare	6,222.24	5,351.13	871.11	518.52	445.93	72.59
Family	12,444.60	9,457.90	2,986.70	1,037.05	788.16	248.89
EE Med/Spouse Reg	14,249.16	10,829.36	3,419.80	1,187.43	902.45	284.98

HSA Medical	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	8,122.44	6,985.30	1,137.14	676.87	582.11	94.76
EE + Spouse	15,708.36	11,938.35	3,770.01	1,309.03	994.86	314.17
EE + Child(ren)	15,074.40	11,456.54	3,617.86	1,256.20	954.71	301.49
Family	23,322.60	17,725.18	5,597.42	1,943.55	1,477.10	466.45
EE Medicare	6,296.28	5,414.80	881.48	524.69	451.23	73.46
Family	12,592.80	9,570.53	3,022.27	1,049.40	797.54	251.86
EE Med/Spouse Reg	14,418.72	10,958.23	3,460.49	1,201.56	913.19	288.37

PPO Dental*	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	509.52	438.19	71.33	42.46	36.52	5.94
EE + Spouse	1,211.04	920.39	290.65	100.92	76.70	24.22
EE + Child(ren)	1,162.20	883.27	278.93	96.85	73.61	23.24
Family	1,798.20	1,366.63	431.57	149.85	113.89	35.96

HMO Dental	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	416.04	357.79	58.25	34.67	29.82	4.85
EE + Spouse	801.48	609.12	192.36	66.79	50.76	16.03
EE + Child(ren)	882.60	670.78	211.82	73.55	55.90	17.65
Family	1,330.80	1,011.41	319.39	110.90	84.28	26.62

Vision	Annual Premium	Annual BOE Share	Annual EE Share	Monthly Premium	Monthly BOE Share	Monthly EE Share
EE	79.08	68.01	11.07	6.59	5.67	0.92
EE + Spouse	150.12	114.09	36.03	12.51	9.51	3.00
EE + Child(ren)	158.16	120.20	37.96	13.18	10.02	3.16
Family	232.32	176.56	55.76	19.36	14.71	4.65

Notes

EE =Employee
 BOE Share: 86.0% Single
 76.0% Dependent
 HSA Annual District Contribution: \$500/Single; \$1,000/Dependent
 HMO Medical =BlueAdvantage HMO Plan
 PPO Plans are not available to staff members with employment beginning with the 2021-2026 CBA.
 Date: 06/16/2021

